

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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Cynthia Monterroso

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

City of New York  
Mayors Office of Housing  
Recovery Operations

**COMPLAINT**

Do you want a jury trial?

Yes  No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question

Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

American with Disabilities Act, Title II ("ADA")  
Fair Housing Act ("FHA")  
HUD ("HUD")  
Fair Housing Equal Opportunity Act ("FHEO")

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of  
(Plaintiff's name)

\_\_\_\_\_  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_.

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of \_\_\_\_\_  
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

If the defendant is a corporation:

The defendant, City of New York, is incorporated under the laws of the State of New York

and has its principal place of business in the State of New York  
or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant. Please see attached

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Cynthia

First Name

Middle Initial

Monterroso

Last Name

10731 Amboy Road

Street Address

Richmond, Staten Island, NY 10309

County, City

State

Zip Code

917 842 6204

Telephone Number

N/A (no computer)

Email Address (if available)

I.

The defendant, Mayors Office of Housing Recovery Operations, is incorporated under the laws of the State of New York

and has its principle place of business in the State of New York

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

<u>City of New York</u>	First Name	Last Name
<u>Corporation Counsel</u>		
Current Job Title (or other identifying information)		
<u>100 Church Street</u>		
Current Work Address (or other address where defendant may be served)		
<u>New York, NY 10007</u>		

Messenger

Defendant 2:

<u>Center; 50 Park Place</u>	County, City	State	Zip Code
<u>Mayors Office of Housing Recovery Operations</u>			
<u>City of New York</u>	First Name	Last Name	
Current Job Title (or other identifying information)			
<u>90 Church Street, 11th floor</u>			
Current Work Address (or other address where defendant may be served)			
<u>New York, NY 10007</u>			

Defendant 3:

First Name	Last Name	
Current Job Title (or other identifying information)		
Current Work Address (or other address where defendant may be served)		
County, City	State	Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

### III. STATEMENT OF CLAIM

Place(s) of occurrence: Staten Island, NY 10306

Date(s) of occurrence: August 28, 2020 through present

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Please see attached (4 pages)

III.

Page one

1. After working many years to purchase my home, then becoming permanently and totally disabled, my home and most of my belongings were destroyed by Superstorm Sandy. I evacuated my home shortly before the storm in October 2012. The City of New York ("CMY") and the Mayor's Office for Housing Recovery Operations ("MOKRO") constructed a new manufactured home using a federal HUD grant. I took possession of this new home on August 28, 2020. My home is still being held in abeyance by the CMY. I have not moved into my home and remain temporarily dislocated due to a natural disaster for approximately ten years.
2. The CMY failed to administer the federal grant properly according to their own policies, procedures, rules, zoning, laws and grant program guidelines commonly referred to as Build It/Back It ("B/I/B"). These failures include, but are not limited to issues of:
  - : Accommodation
  - : Discrimination
  - : Certificates of Occupancy (Temporary, Permanent) and Lapsed

III.

Page Two

## 2. Violated Variance

Cont'd :

- Open Permits (14)
- Unapproved Plans
- Building Seals
- Transportation Issues
- Poor and Faulty Construction
- Liens and Bonds
- Property Damage, Loss and Trespassing
- Completion of Punchlist Items
- Unsanitary Conditions

and any and all matters regarding the administration of the B1/B application before, during and after possession of the building. These issues are on-going and preclude me from the full enjoyment of my home in a reasonable manner

3. The CMY failed to repair their construction and warranty issues as required by their own policies

4 The CMY allowed its contractors to damage my home, even in my presence

5 The CMY allowed its contractors to trespass and then turn off a utility (water) for weeks causing

Page 5 (cont)

III.

5. an unsanitary condition, and  
 contd confirming serious construction  
 issues among other unsanitary,  
 unsafe, insecure construction issues.

6. The CMY failed to implement reasonable  
 accommodations, including, but not  
 limited to previously agreed upon  
 items and post construction items  
 preventing me from the full  
 enjoyment and reasonable use  
 of my home which other applicants  
 received and benefited from.

7. The CMY changed an existing pattern  
 and practice regarding an accommodation  
 issue. They then used the accommodation  
 issue they changed in a harassing  
 and intimidating manner to not perform  
 their required duties. They are still  
 attempting to force a totally and  
 permanently disabled applicant to  
 accommodate the CMY's own failures.  
 They are holding a disabled applicant  
 to a different standard and policy  
 than other applicants that received  
 a properly constructed home, along  
 with full use, enjoyment and  
 benefit upon possession of their property.

III.

Page Four

8. My home is not ADA compliant and violates ADA, FHA, HUD and FHEO Standards. Further, I am unable to circumvent my home or its surfaces in a reasonable manner. Along with other issues listed above I am unable to occupy, use and enjoy my home in a reasonable manner. The CMY has not made any reasonable adjustments to solve these issues.

9. I have been precluded from standard guidelines granted to other applicants regarding material chores, taxation, valuation, occupancy, use, potential sale of my home, use of my home as collateral all affecting my financial situation while paying additional carrying costs, all due to the discriminatory behavior and program failures of the CMY under a federal grant.

Page 5 (cont.)

## **INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

#### IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Please see attached

#### IV. Relief

I seek all accommodation issues, discrimination issues, construction issues, code, punchlist and warranty issues resolved along with the full use of my property to enjoy in a reasonable, safe, secure, sanitary manner. I also seek reimbursement of any and all costs including but not limited to housing, rent, utilities, repairs and carrying costs. In addition, recovery of any court and legal fees, any compensatory and/or punitive damages that may be applicable and lastly, any necessary precedent for this disabled person and any other disabled person using a federal grant in the future.

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

August 18, 2022

Dated

Cynthia

First Name

Middle Initial

Plaintiff's Signature

ED Monterruso

Last Name

6731 Arbovay Road

Street Address

Richmond, Staten Island, NY 10309

County, City

State

Zip Code

917 842 6204

Telephone Number

N/A (no computer/internet)

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

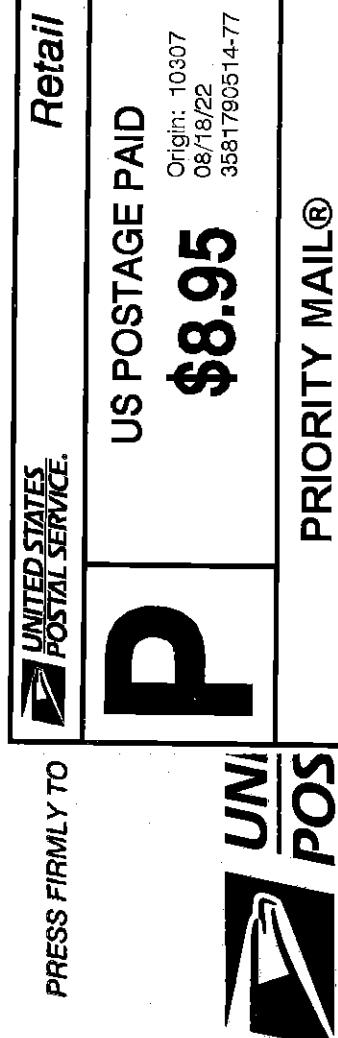
Yes  No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

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Staten Island, NY 10307

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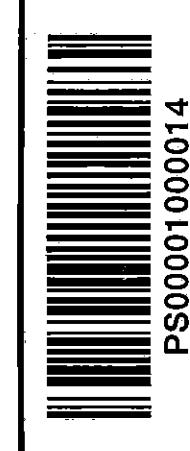
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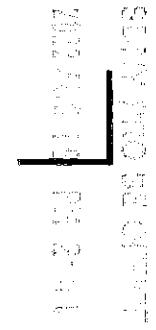
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